


APPLICATION DATA SHEET

Electronic Version

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Title of Invention	SPINAL IMPLANT CONNECTORS		
Application Type : regular, Attorney Docket Number : 101896-0242			
Correspondence address: Customer Number: 021125			
			
Inventors Information: <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Mark Family Name: Boomer Residence: City of Residence: Irvine State of Residence: CA Country of Residence: US Address-1 of Mailing Address: 219 St. Vincent Address-2 of Mailing Address: City of Mailing Address: Irvine State of Mailing Address: CA Postal Code of Mailing Address: 92618 Country of Mailing Address: US Phone: Fax: E-mail: <u>Inventor 2:</u> Applicant Authority Type: Inventor Citizenship: US Given Name: Raymond Family Name: Murphy Residence:			

City of Residence: Attleboro
State of Residence: MA
Country of Residence: US
Address-1 of Mailing Address: 310 Richardson Ave.
Address-2 of Mailing Address:
City of Mailing Address: Attleboro
State of Mailing Address: MA
Postal Code of Mailing Address: 02703
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 3:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Stephen
Family Name: Johnson
Residence:
City of Residence: Greenville
State of Residence: RI
Country of Residence: US
Address-1 of Mailing Address: 8 Deerfield Drive
Address-2 of Mailing Address:
City of Mailing Address: Greenville
State of Mailing Address: RI
Postal Code of Mailing Address: 02828
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 4:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Bryan
Family Name: Jones
Residence:
City of Residence: Norwood
State of Residence: MA
Country of Residence: US
Address-1 of Mailing Address: 68 Plymouth Dr. 1B

Address-2 of Mailing Address:**City of Mailing Address:** Norwood**State of Mailing Address:** MA**Postal Code of Mailing Address:** 02062**Country of Mailing Address:** US**Phone:****Fax:****E-mail:**Inventor 5:**Applicant Authority Type:** Inventor**Citizenship:** US**Given Name:** Thomas**Family Name:** Doherty**Residence:****City of Residence:** Bellingham**State of Residence:** MA**Country of Residence:** US**Address-1 of Mailing Address:** 20 Chamberlain Road**Address-2 of Mailing Address:****City of Mailing Address:** Bellingham**State of Mailing Address:** MA**Postal Code of Mailing Address:** 02019**Country of Mailing Address:** US**Phone:****Fax:****E-mail:**Inventor 6:**Applicant Authority Type:** Inventor**Citizenship:** US**Given Name:** Wade**Family Name:** Gotcher**Residence:****City of Residence:** Medfield**State of Residence:** MA**Country of Residence:** US**Address-1 of Mailing Address:** 3 Lilac Lane**Address-2 of Mailing Address:****City of Mailing Address:** Medfield**State of Mailing Address:** MA**Postal Code of Mailing Address:** 02052

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 7:

Applicant Authority Type: Inventor

Citizenship: US

Given Name: Matthew

Family Name: Lake

Residence:

City of Residence: Braintree

State of Residence: MA

Country of Residence: US

Address-1 of Mailing Address: 99 West Street

Address-2 of Mailing Address:

City of Mailing Address: Braintree

State of Mailing Address: MA

Postal Code of Mailing Address: 02184

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 8:

Applicant Authority Type: Inventor

Citizenship: US

Given Name: Missoum

Family Name: Moumene

Residence:

City of Residence: Newton

State of Residence: MA

Country of Residence: US

Address-1 of Mailing Address: 120 Forest Avenue

Address-2 of Mailing Address:

City of Mailing Address: Newton

State of Mailing Address: MA

Postal Code of Mailing Address: 02465

Country of Mailing Address: US

Phone:

Fax:

E-mail:

Inventor 9:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: J. Riley
Family Name: Hawkins
Residence:
City of Residence: Cumberland
State of Residence: RI
Country of Residence: US
Address-1 of Mailing Address: 40 Cook Road
Address-2 of Mailing Address:
City of Mailing Address: Cumberland
State of Mailing Address: RI
Postal Code of Mailing Address: 02864
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 10:

Applicant Authority Type: Inventor
Citizenship: US
Given Name: Bill
Family Name: Kennefick
Residence:
City of Residence: Plymouth
State of Residence: MA
Country of Residence: US
Address-1 of Mailing Address: 47 Cabot Circle
Address-2 of Mailing Address:
City of Mailing Address: Plymouth
State of Mailing Address: MA
Postal Code of Mailing Address: 02360
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 11:

Applicant Authority Type: Inventor
Citizenship: US

Given Name:	Shawn
Family Name:	Stad
Residence:	
City of Residence:	Fall River
State of Residence:	MA
Country of Residence:	US
Address-1 of Mailing Address:	35 Courtney Street, #12
Address-2 of Mailing Address:	
City of Mailing Address:	Fall River
State of Mailing Address:	MA
Postal Code of Mailing Address:	02720
Country of Mailing Address:	US
Phone:	
Fax:	
E-mail:	

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